Nebraska State Patrol

Criminal History Record Request Form

Date:				
This request is on: (check one	☐ Yourself ☐ Someone Else			
Reason for request:				
Person of Interest				
Name (Last, First, MI):				
ALIAS / AKA: List any other na	nes used: maiden, m	arried, adopted, nicki	names, short names,	etc.
SSN:	history check <u>may t</u>	nest will not be denied for refusal to provide a social security number, but the criminal heck <u>may take longer without the number</u> , which will be used only for the purpose of g identity during the criminal history check.		
DOB:	Sex:	Race:		
Current Address:				
City, State, Zip:				
Fax #: (If results should be faxed)			Phone #	
Individual Or Agency (Only if different than above)				
Agency:				
Individual Requesting Data:				
Mailing Address:				
City, State, Zip:				
Fax #: (If results should be faxed)			Phone #:	
		_	Signature of Rec	quester (Individual or Agency)
You can either mail your reque	st or come in perso	n to:	o.g.nataro er i tec	guester (u.r.uuur er 7.geney)
Nebraska State Patrol Criminal Identification Division 3800 NW 12th Street – Suite A Lincoln, NE 68521				
This form is used to request a I sheet includes <i>only Nebraska t</i> service. This fee is accepted as Certification/Notarization of rec a criminal history on yourself of have this request form signed to be released to you. See §29-35	ingerprint based arr s cash, check or mo ord by the Nebraska someone else and by the person of inte	ests and resulting of the classifier order. Make classifier order. Make classifier order order order. It was a function of the classifier order order. The classifier order order order order order order. The classifier order orde	dispositions. There necks payable to Note to Note to Specifically requil release of criminals. If this form is not re	is a \$15.00 fee for this ebraska State Patrol. uested. If mailing a request for al_history, you will need to notarized, a public record will
I consent to the disclosure a	nd copying of any	Record of Arrest	of Prosecution to	the above listed persons.
State of)				
County of))ss		Signature of	Person of Interest
Subscribed and sworn to before me this day of,				
	Notary Public			